

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>13</i>
FORMALITY REVIEW		<i>12</i>	<i>10-18-01</i>
RESPONSE FORMALITY REVIEW		<i>12</i>	<i>1-11-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/9/02
2	✓	✓	10/1/02
3	✓	✓	10/1/02
4	✓	✓	10/1/02
5	✓	✓	10/1/02
6	✓	✓	10/1/02
7	✓	✓	10/1/02
8	✓	✓	10/1/02
9	✓	✓	10/1/02
10	✓	✓	10/1/02
11	✓	✓	10/1/02
12	✓	✓	10/1/02
13	✓	✓	10/1/02
14	✓	✓	10/1/02
15	✓	✓	10/1/02
16	✓	✓	10/1/02
17	✓	✓	10/1/02
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28	✓	✓	10/1/02
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46	✓	✓	10/1/02
47	✓	✓	10/1/02
48	✓	✓	10/1/02
49	✓	✓	10/1/02
50	✓	✓	10/1/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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